



# Reproductive Health Access

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**We hope everyone is safe and well!**

**Sending aloha**



# No financial disclosures.

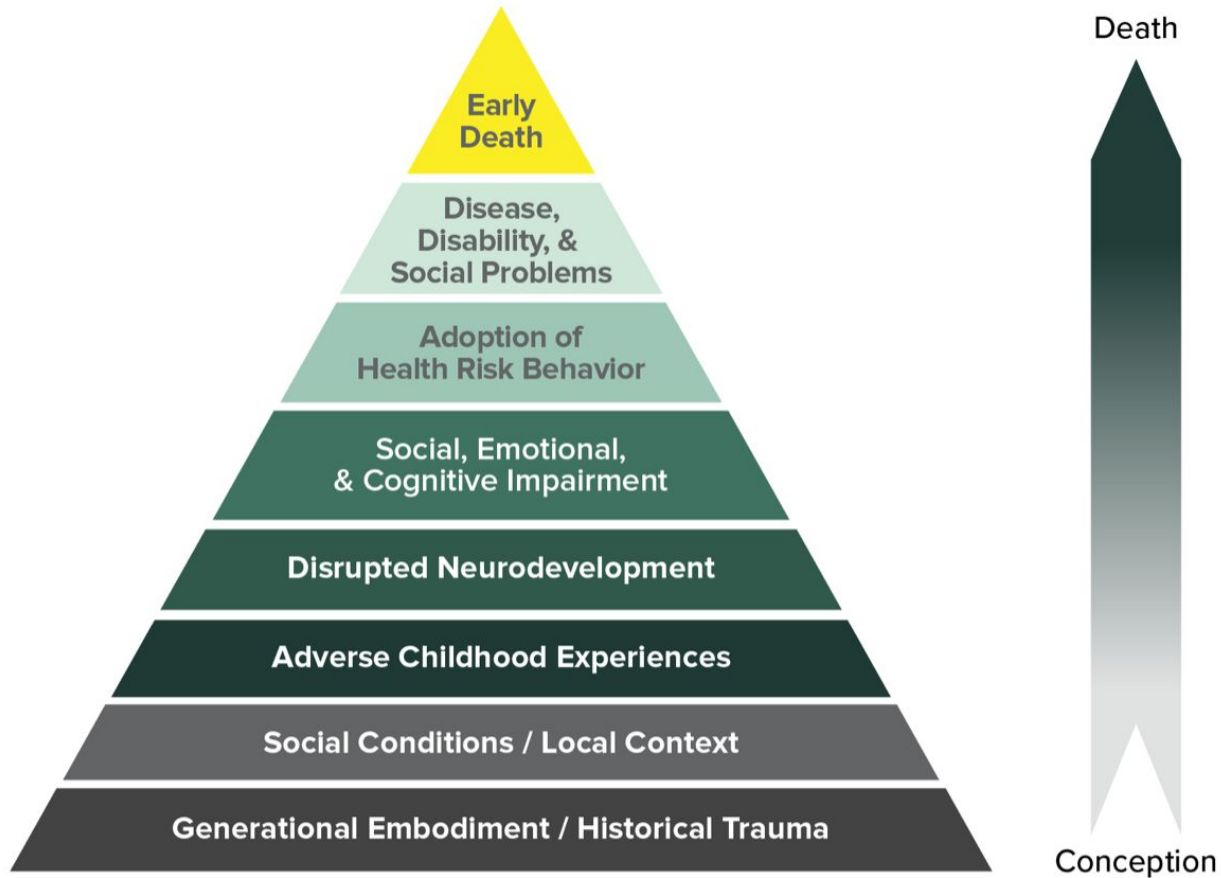
Disclosure: We are medical students and not experts in this area.

Primary resource that we recommend: <https://www.guttmacher.org/>



## Icebreaker

**What are some ways to prevent adverse childhood events? What are some ways to reduce complications associated with ACEs?**



**Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan**

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# What is Reproductive Justice?

SisterSong defines Reproductive Justice as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”

Additionally, “reproductive justice is about the **whole person**, including their **mental, physical, and economic well-being**” -*Gloria Malone*



# **Reproductive Justice is about access, not just choice.**

This is particularly true in the rural parts of American and with populations of color or lower socioeconomic status.

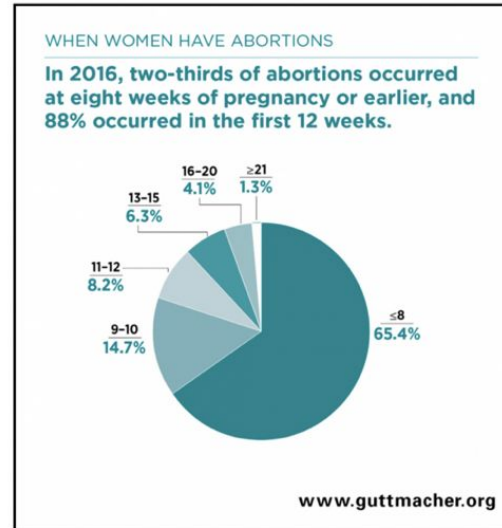
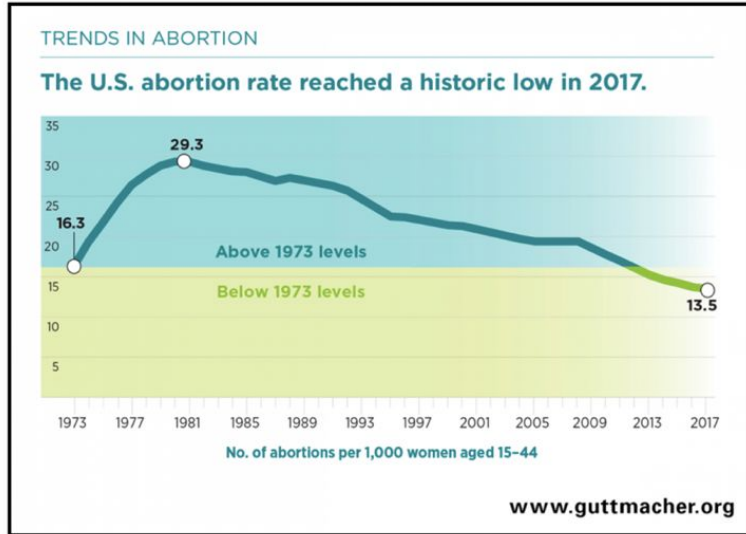
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# Access to what?

Not only abortion. To provide adequate care, physicians and their patients need access to family planning methods including contraception, comprehensive sexual education, STI prevention and care, alternative birth options, adequate prenatal and pregnancy care, domestic violence assistance, and more.



# Statistics on Abortions in the U.S.



Almost  $\frac{1}{5}$  pregnancies end in abortion

$\frac{1}{4}$  US women will have an abortion in their life

Unintended pregnancy rate is 56% in HI



## Who is the average US women getting an abortion?

- 75% of women seeking abortions are poor/low income
- 59% already have a child
- 62% are religiously affiliated
- 39% white, 28% black, 25% hispanic, 9% other
- 60% are in their 20s, 12% in their teens, only 4% are minors

# 3 Scenarios & Discussion



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## Case 1: Julia

Julia is a 17 yo high school senior on Oahu. Her boyfriend, Kaleo, and her engage in unprotected sex from time to time and now her period is 2 weeks late. She purchased a home pregnancy test and it is positive. Julia knows that she is not ready to be a mother. She believes an abortion is the best option for her, but she has so many questions.



## Case 1: Julia

1. Where can she go?



## Case 1: Julia

### 1. Where can she go?

Currently, abortions are provided via **Planned Parenthood** (Honolulu and Kahului) as well as the **Women's Option Center** through the **University Health Partners of Hawaii--Women's Health Specialists**

**Private practices** as well can provide abortions if they choose to do so



## **Case 1: Julia**

**2. Are you familiar with her options for abortion?**

# Case 1: Julia

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## 2. Are you familiar with her options for abortion?

- **Abortions can be performed either:**
  - **Medically** (up to 14 weeks in the Women's Option Clinic or 18 weeks at PP Hawaii)
    - Visit takes 1-2 hours and pt should follow up within 1-2 weeks to make sure the abortion is complete. Most women will have bleeding w/in 1-4 hours of taking the medication. It is normal to have pain and/or cramping
  - **Surgically** (up to 22 weeks after the start of the LMP)
    - In office procedure uses local anesthesia and usually takes 5-10 minutes (you can drive yourself home after)
    - If you need to go the OR- someone will need to drive you home
- **Abortions can also be performed further along if fetal anomalies or a threat to maternal health is present**





## **Case 1: Julia**

**3. As a minor, does she need parental consent?**



## Case 1: Julia

### 3. As a minor, does she need parental consent?

Some states don't have any laws about telling your parents or getting their permission. Some states say you need parental consent. Other states don't require consent but requires that your parents know you are getting an abortion. It all depends. In some cases you can get a judge's permission to have an abortion without telling your parents; this is called a "judicial bypass"

- **In Hawaii, no parental involvement is required.**

<https://www.plannedparenthood.org/learn/teens/preventing-pregnancy-stds/parental-consent-and-notification-laws>



## Case 1: Julia

4. If she lived on Moloka'i, how would her care change?



## Case 1: Julia

### 4. If she lived on Moloka'i, how would her care change?

Currently, there are no abortion providers on Moloka'i. There are no abortion providers on Lana'i or Kaua'i either. However, there is a **telemedicine** study for **medication abortion** by mail, where patients have video conference counseling with a provider on Oahu and then are mailed the medications. This study **operates on all islands** (and several other states).

# Case 2: Maria

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Maria, 29 yo Filipina, lives in Kaneohe and works as a housekeeper. She was raised Catholic and has two children with her husband. After missing her period, she takes a home pregnancy test and receives a positive result. She is panicked, wants access to an abortion center to discuss her options, and immediately googles, “Pregnancy help.” The nearest result to her is “Aloha Pregnancy Care and Counseling Center” in Kaneohe. They advertise a trained staff and free pregnancy tests that are 99% accurate! Maria goes there the next day and speaks to one of their counselors who helps her with a pregnancy test, ultrasound, and then make her a follow-up appointment in two weeks time to discuss her prenatal care.

Two weeks later, Maria is now at approximately 22 weeks gestation and has to follow-through with the pregnancy.



## Case 2: Maria

1. What do you know about “pregnancy crisis centers?” How common are they?

Pregnant & Alone?  
Know Your Options!

800-848-5683



LEAD CHANNEL



## Case 2: Maria

1. What do you know about “pregnancy crisis centers?” How common are they?

**Crisis pregnancy centers (CRCs) are organizations that seek to intercept women with unintended pregnancies who might be considering abortion.** Their mission is to prevent abortions by persuading women that adoption or parenting is a better option. Most are **religiously affiliated**, and the majority are under the umbrella of one of the organizations, Birthright International, Care Net, Heartbeat International, National Institute of Family and Life Advocates.

- As of 2010, there were 1,969 network-affiliated CPCs in the US, while there were 327 abortion clinics at that time. It is estimated there are **2500-3000 CPCs** now.





Source: <https://crisispregnancycentermap.com/>



## Case 2: Maria

2. What do you know about the legitimacy of their practices? What have you heard about what they communicate to patients?

# Case 2: Maria



## **2. What do you know about the legitimacy of their practices? What have you heard about what they communicate to patients?**

They strive to give the impression that they are low-cost reproductive clinical centers offering legitimate medical services and advice. Despite this, approximately 92% of CRCs have no medical professionals on staff.

Patients report the workers dressing in scrubs, using neutral language, offering to help with free pregnancy tests, ultrasounds, STI testings, and counseling on “all pregnancy options.”

National Women’s Law Center conclude that CRCs provide misleading and false information, while purposefully leading women to believe that they are receiving comprehensive health information.



## Case 2: Maria

3. What do you think about the ethics of these types of clinics?

## Case 2: Maria



3. What do you think about the ethics of these types of clinics?

*AMA Journal of Ethics*: such centers “**lack patient-centered care**” (despite purporting to dispense medical ethics) and use deceptive practices.

- a. Approximately 92% of such programs have no medical professionals on staff and are **exempt from regulatory, licensure, and credentialing oversight that apply to healthcare facilities**.
- b. **Cannot be held to HIPAA** and patient information is not required to be kept confidential.
- c. Instructions written in the original manual for such centers:
  - i. Instructs centers to use neutral advertising, to seek listings in the Yellow Pages alongside abortion clinics and to adopt **dual/ambiguous names** one to “draw abortion bound women” and one to attract donations from people against abortion
  - ii. Instructs staff to “**never counsel for contraception**” and **refuse to provide referrals** to abortion clinics

# Jefferson Court



Hartford GYN Center

Hartford Behavioral Health

CT. Coalition for Enviromental Justice

Hartford Women's Center



## Case 2: Maria

4. Is this legal?



## Case 2: Maria

### 4. Is this legal?

The centers are not medical practices, do not charge for services, and thus lack regulatory oversight. Practices fall under the classification of free speech.

*National Institute of Family and Life Advocates v. Becerra*: Supreme Court ruled in 2017 that California may not require religiously-oriented CPCs to supply women with information on how to end their pregnancies.



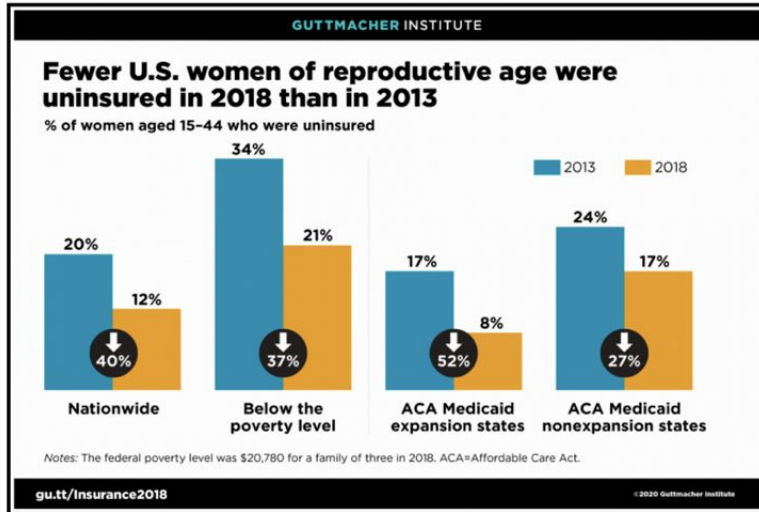
# Case 3: Ellen

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Ellen, 39-year-old mom of two from rural Colorado, is seeking contraception. She developed a very rapid and life-threatening heartbeat during her last pregnancy, which led to a pacemaker implantation. She now takes three different heart medications and needs to see her doctor for frequent check-ups. As a locum nurse, Ellen is knowledgeable about the healthcare system. She knows that based on the Affordable Care Act, her employer is required to provide her healthcare and guarantee birth control coverage without any co-payment.

Given her comorbidities, Ellen knows that she must be wary of certain types of birth control. After discussing with her OB/GYN, she decides an IUD is the best option for her. She works for a Catholic institution, and although she has medical insurance, she is startled to hear that it will not cover her IUD.

## Case 3: Ellen



Under ACA, private health insurance plans are required to cover prescription contraception at no cost.

2013 data after the passage of the law showed that consumers' average out-of-pocket spending for birth control pills fell from \$32.74 to \$20.37, and, for IUDs, from \$262.38 to \$84.30.



## Case 3: Ellen

Why won't her insurance cover the IUD?



## Case 3: Ellen

### **2014 Supreme Court Decision**

*Hobby Lobby and Conestoga Wood  
Specialties v. Burwell.*

ACA could not require employers to offer insurance coverage for birth control methods they equate with abortion under the argument of religious or moral exemption.



## Case 3: Ellen

### **2017 Presidential Executive Order**

*Promoting Healthcare Choice and  
Competition Across the United States*

Employers can be exempt from offering contraception insurance coverage to employees based on their personal religious beliefs or moral convictions.



## Case 3: Ellen

Although her insurance will not cover an IUD, Ellen still wants to get one.

What are her options?



## Case 3: Ellen

Planned Parenthood

Community or free clinics

Out-of-pocket payment



## Case 3: Ellen

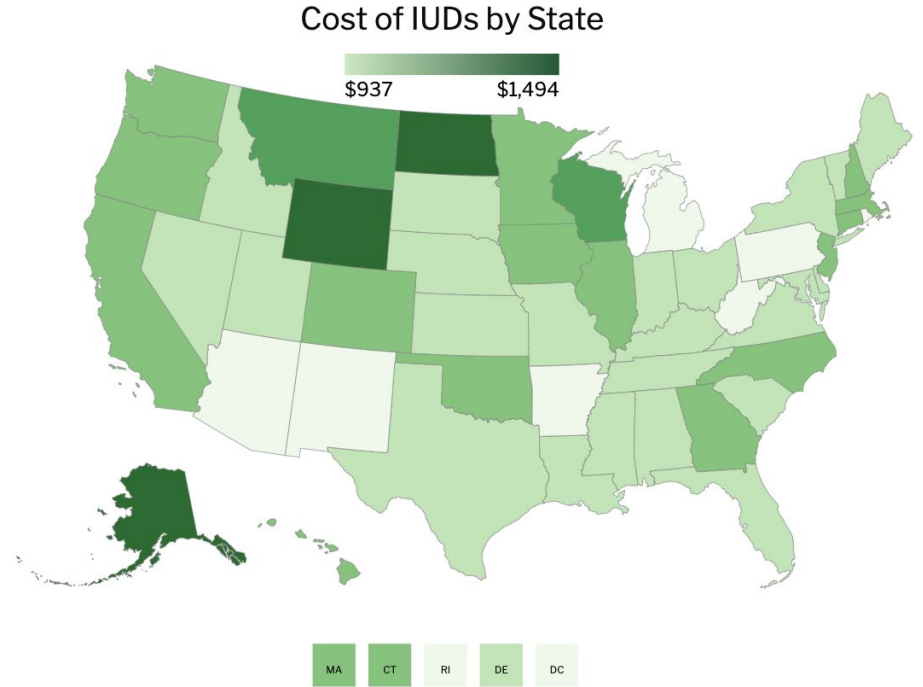
If Ellen had to pay out-of-pocket for the IUD, how much would it cost?



## Case 3: Ellen

Range:  
**\$0-1300**

Typical cost for an IUD in  
Hawaii (out-of-pocket)  
**\$1089**



Hawaii's IUDs are the 14th most expensive in the country

Cost: \$1,089

Mirena: \$1,089 | ParaGard: \$1,063 | Skyla: \$1,289

Source: Amino

<https://time.com/4985605/iud-birth-control-health-insurance/>



## Case 3: Ellen

### Loopholes in the ACA

- Allows employers to claim exemption from birth control coverage
- Restricts access to birth control for female employees



# Abortion and Mental Health

- Women who are denied an abortion are more likely to experience:
  - Higher levels of anxiety
  - Lower life satisfaction
  - Lower self-esteem
- Number of unsafe abortions is likely to increase when policies limit access to reproductive health care
- Experiencing unwanted pregnancies appears to be strongly associated with poor mental health effects for women later in life
- Unwanted pregnancy is associated with deficits to subsequent child's cognitive, emotional and social processes
- Having an abortion does not increase risk for suicide attempt



## Summary

- Abortion options and consent
- Crisis pregnancy centers
- Financial barriers

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Questions?

**Mahalo for  
your time!  
Stay well!**

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"The decision whether or not to bear a child is central to a woman's life, to her wellbeing and dignity. It is a decision she must make for herself."

When Government controls that decision for her, she is being treated as less than a fully adult human responsible for her own choices."

*Ruth Bader Ginsburg*

HUFF  
POST

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